



August 21, 2014

Ms. Grissel V. Diaz-Cotto  
Emergency and Remedial Response Division  
United States Environmental Protection Agency  
Region II  
290 Broadway, 19<sup>th</sup> Floor  
New York, NY 10007-1866

**Re: July 2014 Discharge Monitoring Report  
Leachate Treatment Plant, Operable Unit 1  
Kin-Buc Landfill Superfund Site**

Dear Ms. Diaz-Cotto:

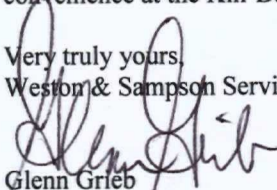
Please find enclosed the July 2014 Discharge Monitoring Report (DMR) for the Leachate Treatment Plant of Operable Unit One at the Kin-Buc Landfill Superfund Site.

Weston & Sampson Services, Inc. would like to confirm the following:

- Effluent parameters sampled throughout the month were within permitted limits.

Should you have any questions concerning this DMR or the Treatment Plant, please contact me at your earliest convenience at the Kin-Buc site.

Very truly yours,  
Weston & Sampson Services, Inc. on behalf of SCA Services, Inc.

  
Glenn Grieb  
Plant Manager  
Enclosure

Cc: Martha Goodwin – NJDEP  
Stephen Joyce – SC Holdings, Inc.  
Mark Devine – SC Holdings, Inc.  
John A. Bocchino, Jr. – Weston & Sampson Services, Inc.

294329



<b>Connecticut</b> 273 Dividend Road Rocky Hill, CT 06067	<b>Rhode Island</b> 477B Tiogue Avenue Coventry, RI 02816	<b>New Hampshire</b> 100 International Drive Suite 152 Portsmouth, NH 03801	<b>Maine</b> PO Box 189 York, ME 03909	<b>Vermont</b> 96 South Main Street Suite 2 Waterbury, VT 05676	<b>New York</b> 301 Manchester Road Suite 201A Poughkeepsie, NY 12603	<b>Florida</b> 1990 Main Street Suite 750 Sarasota, FL 34236
---	---	--	--	--	--	---

When it's essential...it's Weston&Sampson.®

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDDES NO.  
\* 

*					
---	--	--	--	--	--

  
\*NJ Permit Equivalent

REPORTING PERIOD  
M o. Y r.      M o. Y r.  

0	7	1	4
---	---	---	---

0	7	1	4
---	---	---	---

PERMITTEE:      Name:      SCA Services, Inc.  
                         Address:      383 Meadow Road  
                              Edison, New Jersey 08817

FACILITY:      Name:      Kin-Buc Landfill  
                         Address:      383 Meadow Road  
                              Edison, New Jersey 08817  
                         Telephone:      732-572-4743

FORMS ATTACHED (Indicate Quantity of Each)

Operating Exceptions

SLUDGE REPORT-SANITARY  
\_\_ T-VWX-007 \_\_ T-VWX-008 \_\_ T-VWX-009  
\_\_ EPA Form 3320-1

YES NO  
DYE TESTING      \_\_ X

SLUDGE REPORT-INDUSTRIAL  
\_\_ T-VWX-010A \_\_ T-VWX-010B

TEMPORARY BYPASSING      \_\_ X

DISINFECTION INTERRUPTION      \_\_ X

WASTEWATER REPORTS  
\_\_ T-VWX-011 \_\_ T-VWX-012 \_\_ T-VWX-013

MONITORING MALFUNCTIONS      \_\_ X

GROUNDWATER REPORTS  
\_\_ T-VWX-015(A,B) \_\_ T-VWX-016 \_\_ T-VWX-017  
\_\_ ELECTRONIC SUBMISSION

UNITS OF OPERATION      \_\_ X

OTHER      \_\_ X

NPDES DISCHARGE MONITORING  
1 EPA Form 3320-1

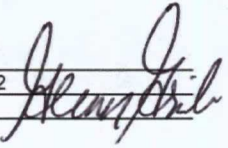
(Detail any "Yes" on reverse side in appropriate space.)

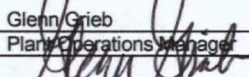
NOTE: The "Hours Attended at Plant" on the reverse of this sheet must also be completed.

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

PRINCIPAL EXECUTIVE OFFICER OR  
DULY AUTHORIZED REPRESENTATIVE

Name (Printed)      Glenn Grieb  
Grade & Registry No.      N-4 ; 0021212  
Signature      

Name (Printed)      Glenn Grieb  
Title (Printed)      Plant Operations Manager  
Signature      

Date August 15, 2015

## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

YEAR 

1	4
---	---

Others

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
8	0	8	0	0	0	8	8	8	8	8	4	4	8	8	8
8	8	12	0	0	0	16	16	8	8	8	0	0	8	16	12
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
3	4	2	0	9	7	8	6	7	4	4	8	8	8	8	
10	16	4	0	16	16	16	10	16	0	0	8	8	0	0	



PERMITTEE NAME/ADDRESS

NAME  
ADDRESS

FACILITY  
LOCATION

SCA SERVICES, INC.  
383 MEADOW ROAD  
EDISON, NEW JERSEY 08817

KIN-BUC LANDFILL  
EDISON, NEW JERSEY  
Mark Devine

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
14	07	01	14	07	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.027128	0.037648	MGD	*****	*****	*****	***	***	continuous	flow meter
	PERMIT REQUIREMENT	REPORT	ONLY		*****	*****	*****			continuous	flow meter
pH	SAMPLE MEASUREMENT	*****	*****	***	7.99	*****	8.44	S.U.	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****		6.0	*****	9.0			weekly	grab
PETROLEUM HYDROCARBONS	SAMPLE MEASUREMENT	*****	*****	***	*****	0.5	0.8	mg/l	0	2/month	grab
	PERMIT REQUIREMENT	*****	*****		*****	10	15			2/month	grab
COD	SAMPLE MEASUREMENT	27.11	28.38	kg/day	*****	229	233	mg/l	0	2/month	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT	ONLY			2/month	comp.
BOD	SAMPLE MEASUREMENT	*****	*****	***	*****	1.7	1.7	mg/l	0	2/month	comp.
	PERMIT REQUIREMENT	*****	*****		*****	56	220			2/month	comp.
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.35	0.66	kg/day	*****	3.04	5.80	mg/l	0	1/week	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	30	45(1)			weekly	comp.
DISSOLVED OXYGEN	SAMPLE MEASUREMENT	*****	*****	***	5.01	*****	*****	mg/l	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****		4.0 MIN. Instantaneous	*****	*****			weekly	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE		
Glenn Grieb Project Manager							732 572-4743		14 08 15		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR MO DAY		

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS

(REFERENCE ALL ATTACHMENTS HERE)



PERMITTEE NAME/ADDRESS

NAME

ADDRESS

**SCA SERVICES, INC.**  
**383 MEADOW ROAD**  
**EDISON, NEW JERSEY 08817**

FACILITY

LOCATION

ATTN:

**KIN-BUC LANDFILL**  
**EDISON, NEW JERSEY**  
**Mark Devine**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
14	07	01	14	07	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BENZENE	SAMPLE MEASUREMENT	<0.0000079	<0.0000093	kg/day	*****	0.18	0.25	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.009	0.02		*****	57	134			2/month	grab
CHLOROBENZENE	SAMPLE MEASUREMENT	<0.0000156	<0.0000189	kg/day	*****	0.1	0.2	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380			2/month	grab
1,1 DICHLOROETHENE	SAMPLE MEASUREMENT	<0.0000154	<0.0000164	kg/day	*****	<0.13	<0.13	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.003	0.009		*****	22	59			2/month	grab
ETHYLBENZENE	SAMPLE MEASUREMENT	<0.0000119	<0.0000126	kg/day	*****	<0.10	<0.10	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380			2/month	grab
TETRACHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000119	<0.0000126	kg/day	*****	<0.10	<0.10	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.008	0.025		*****	52	164			2/month	grab
TOLUENE	SAMPLE MEASUREMENT	<0.0000356	<0.0000511	kg/day	*****	0.31	0.46	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.011		*****	28	74			2/month	grab
1,2-TRANSDICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000154	<0.0000164	kg/day	*****	<0.13	<0.13	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.009		*****	25	60			2/month	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)				TELEPHONE		DATE			
Glenn Grieb Project Manager						732 572-4743		14 08 15			
TYPED OR PRINTED						AREA CODE NUMBER		YEAR MO DAY			
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					



PERMITTEE NAME/ADDRESS

NAME

ADDRESS

SCA SERVICES, INC.  
383 MEADOW ROAD  
EDISON, NEW JERSEY 08817

FACILITY

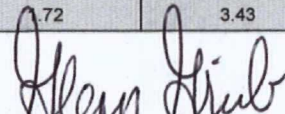
LOCATION

ATTN:

KIN-BUC LANDFILL  
EDISON, NEW JERSEY  
Mark Devine

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	07	01		14	07	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TRICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000107	<0.0000113	kg/day	*****	<0.09	<0.09	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.010		*****	26	69			2/month	grab
VINYL CHLORIDE	SAMPLE MEASUREMENT	<0.0000169	<0.0000184	kg/day	*****	<0.14	<0.14	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	0.008	0.016		*****	52.8	106			weekly	grab
ACENAPHTHYLENE	SAMPLE MEASUREMENT	<0.0000030	<0.0000031	kg/day	*****	<0.025	<0.025	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(A)ANTHRACENE	SAMPLE MEASUREMENT	<0.0000043	<0.0000045	kg/day	*****	<0.04	<0.04	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(A)PYRENE	SAMPLE MEASUREMENT	<0.0000058	<0.0000062	kg/day	*****	<0.049	<0.049	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(ghi)PERYLENE	SAMPLE MEASUREMENT	<0.0000037	<0.0000039	kg/day	*****	<0.031	<0.031	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(k)FLUORANTHENE	SAMPLE MEASUREMENT	<0.0000019	<0.0000020	kg/day	*****	<0.016	<0.016	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
Glenn Grieb Project Manager								732 572-4743		14 08 15	
TYPED OR PRINTED						AREA CODE		NUMBER		YEAR MO DAY	

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS

(REFERENCE ALL ATTACHMENTS HERE)

&lt;0.00017



PERMITTEE NAME/ADDRESS

NAME

ADDRESS

SCA SERVICES, INC.  
383 MEADOW ROAD  
EDISON, NEW JERSEY 08817

FACILITY

LOCATION

ATTN:

KIN-BUC LANDFILL  
EDISON, NEW JERSEY  
Mark Devine

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	07	01		14	07	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
IDENO(1,2,3cd) PYRENE	SAMPLE MEASUREMENT	<0.0000034	<0.0000037	kg/day	*****	<0.029	<0.029	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
PHENANTHRENE	SAMPLE MEASUREMENT	<0.0000817	<0.0001446	kg/day	*****	0.7	1.1	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	5.4(2)			weekly	grab
ALDRIN	SAMPLE MEASUREMENT	<0.0000014	<0.0000015	kg/day	*****	<0.012	<0.012	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.000133	0.00026		*****	0.0875	0.176			monthly	grab
4,4-DDT	SAMPLE MEASUREMENT	<0.0000030	<0.0000033	kg/day	*****	<0.025	<0.025	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	0.0000578	0.000146		*****	0.38	0.765			weekly	grab
PCB-1242	SAMPLE MEASUREMENT	<0.0000036	<0.0000039	kg/day	*****	<0.03	<0.03	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
PCB-1248	SAMPLE MEASUREMENT	<0.0000036	<0.0000039	kg/day	*****	<0.03	<0.03	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
PCB-1254	SAMPLE MEASUREMENT	<0.0000045	<0.0000049	kg/day	*****	<0.04	<0.04	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)				TELEPHONE		DATE			
Glenn Grieb Project Manager						732 572-4743		14 08 15			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER		YEAR MO DAY	

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS

(REFERENCE ALL ATTACHMENTS HERE)



PERMITTEE NAME/ADDRESS  
NAME  
ADDRESS

FACILITY  
LOCATION  
ATTN:

SCA SERVICES, INC.  
383 MEADOW ROAD  
EDISON, NEW JERSEY 08817  
  
KIN-BUC LANDFILL  
EDISON, NEW JERSEY  
Mark Devine

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	07	01		14	07	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PCB-1260	SAMPLE MEASUREMENT	<0.0000045	<0.0000049	kg/day	*****	<0.04	<0.04	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
ARSENIC	SAMPLE MEASUREMENT	0.0004569	0.0005356	kg/day	*****	3.80	4.50	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.013	0.026		*****	85.8	172			weekly	comp
CADMIUM	SAMPLE MEASUREMENT	0.0002648	0.0002892	kg/day	*****	2.2	2.2	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.0073	0.017		*****	48.2	112			weekly	comp
CHROMIUM	SAMPLE MEASUREMENT	0.0005417	0.0005915	kg/day	*****	4.50	4.50	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.030	0.060		*****	198	396			weekly	comp
COPPER	SAMPLE MEASUREMENT	0.0005741	0.0007003	kg/day	*****	4.8	6.3	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	10			weekly	comp
LEAD	SAMPLE MEASUREMENT	<0.0001685	<0.0001840	kg/day	*****	1.40	1.40	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	10			weekly	comp
NICKEL	SAMPLE MEASUREMENT	0.0038940	0.0041533	kg/day	*****	32.4	34.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.140	0.281		*****	1850	1850			weekly	comp
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE		
Glenn Grieb Project Manager							732 572-4743		14 08 15		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR MO DAY		
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)									



PERMITTEE NAME/ADDRESS  
NAME  
ADDRESS

FACILITY  
LOCATION  
ATTN:

SCA SERVICES, INC.  
383 MEADOW ROAD  
EDISON, NEW JERSEY 08817  
  
KIN-BUC LANDFILL  
EDISON, NEW JERSEY  
Mark Devine

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT PERMIT NUMBER			001 DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	07	01		14	07	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC	SAMPLE MEASUREMENT	0.0017885	0.0023921	kg/day	*****	18.2	18.2	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.177	0.356		*****	1170	2350			weekly	comp
CYANIDE	SAMPLE MEASUREMENT	<0.0004815	<0.0005257	kg/day	*****	4.0	4.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.002	0.004		*****	13.2	26.4			weekly	comp
ALUMINUM	SAMPLE MEASUREMENT	0.0142781	0.0232273	kg/day	*****	119.3	203.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	1.40	2.81		*****	9240	18500			weekly	comp
IRON	SAMPLE MEASUREMENT	0.0168536	0.0184007	kg/day	*****	140.0	140.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	80.6	162		*****	532000	1070000			weekly	comp
ACUTE TOXICITY, (LC50)	SAMPLE MEASUREMENT	QUARTELY	REPORT	***	n/a	*****	*****	%	0		
	PERMIT REQUIREMENT	*****	*****		50(3)	*****	*****			see permit	equivalent
Ammonia	SAMPLE MEASUREMENT	*****	*****	***	*****	0.290	0.450	mg/l	0	*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	4.9	10.0			2/month	comp
	SAMPLE MEASUREMENT	*****	*****	***	*****	*****	*****	***	***	*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			*****	*****
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE		
Glenn Grieb Project Manager							732 572-4743		14 08 15		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)									